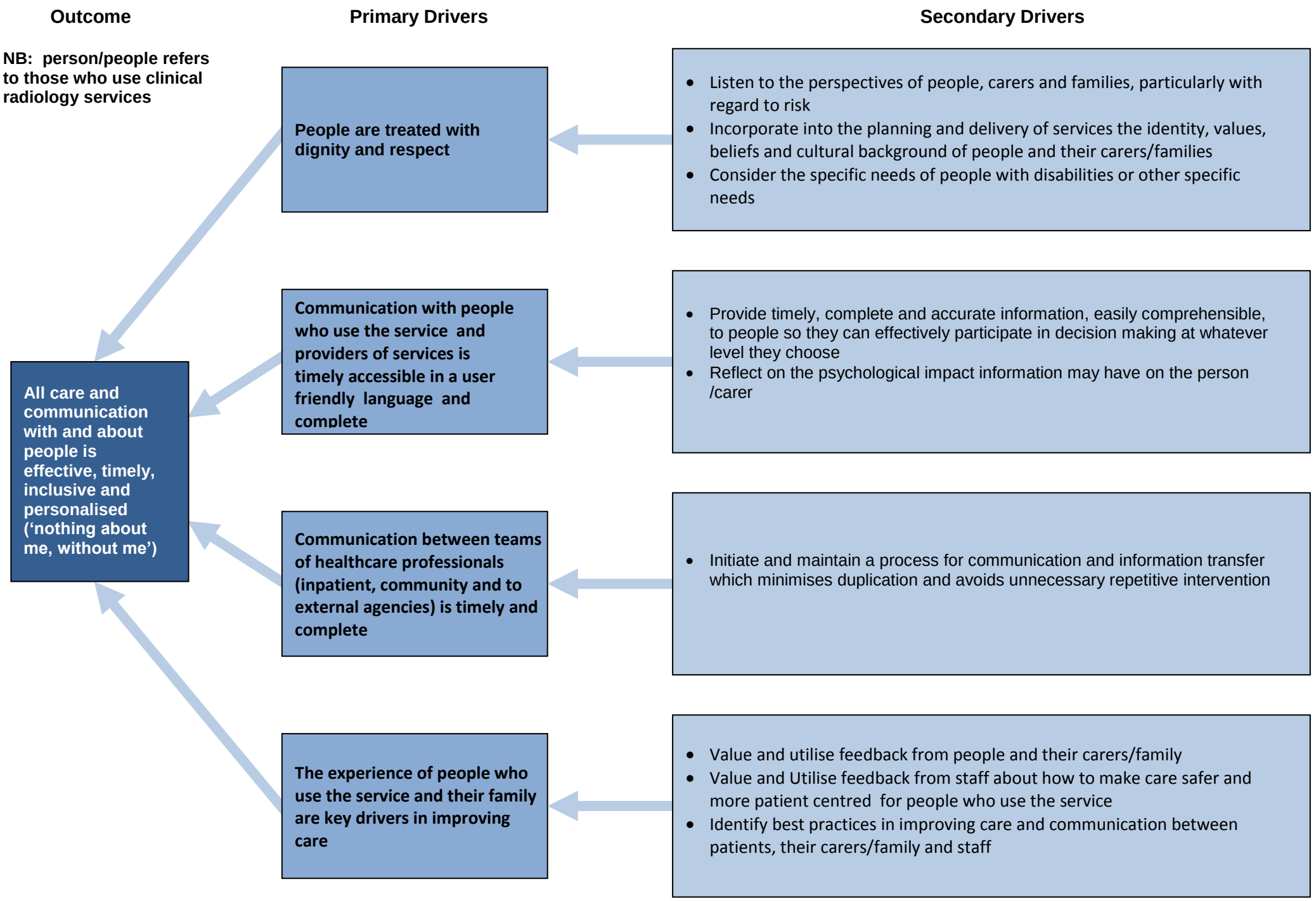
European Society of Radiology

Delivering patient-centred care in clinical radiology

Driver Diagram and Change Package

A driver diagram is used to conceptualize an issue and to determine its system components which will then create a pathway to achieve the goal of person centred care. Primary drivers are system components which will contribute to moving the primary outcome. Secondary drivers are elements of the associated primary driver. They contain change concepts that can be used to create projects that will affect the primary driver.


Outcome
Primary Drivers
Secondary Drivers
NB: person/people refers to those who use clinical radiology services
All care and communication with and about people is effective, timely, inclusive and personalised ('nothing about me, without me')
People are treated with dignity and respect
Listen to the perspectives of people, carers and families, particularly with regard to risk
Incorporate into the planning and delivery of services the identity, values, beliefs and cultural background of people and their carers/families
Consider the specific needs of people with disabilities or other specific needs
Communication with people who use the service and providers of services is timely accessible in a user friendly language and complete
Provide timely, complete and accurate information, easily comprehensible, to people so they can effectively participate in decision making at whatever level they choose
Reflect on the psychological impact information may have on the person /carer
Communication between teams of healthcare professionals (inpatient, community and to external agencies) is timely and complete
Initiate and maintain a process for communication and information transfer which minimises duplication and avoids unnecessary repetitive intervention
The experience of people who use the service and their family are key drivers in improving care
Value and utilise feedback from people and their carers/family
Value and Utilise feedback from staff about how to make care safer and more patient centred for people who use the service
Identify best practices in improving care and communication between patients, their carers/family and staff

Secondary Drivers	Key change concepts and change ideas
• Listen to the perspectives of people, and families, particularly with regard to risk	• Remove barriers between staff and people using the service and create a culture of dialogue • Demonstrate respectful behaviour and monitor this through clinical supervision/reflection • Develop and enhance multi-disciplinary teamwork by developing a shared vision • Provide opportunity for people, carers/family to talk to staff • Develop tools for awareness to enhance participation of people , carers/family and staff
• Incorporate into the planning and delivery of care the values, beliefs and cultural background of people and their carers/families • Consider the specific needs of people with disabilities	• Consider how values, beliefs and cultural background might affect planning and delivery of the service and what changes might be needed in communications • Consider how external social-economic environment might affect planning and delivery of services
• Provide timely, complete and accurate information to people so they can effectively participate in decision making at whatever level they choose	• Provide mechanisms for patients and people using the service to make contact with the clinical team • Use appropriate language at the level of understanding of each individual • Use person and carer/family information leaflets on all investigations relevant to them • Check that course of care and expected outcomes of the investigation are known to patients • Ensure appropriate signage and information boards • Ensure that staff introduce themselves appropriately and that users understand what role the staff play

Secondary Drivers	Key change concepts and change ideas
• Initiate and maintain an effective process for communication and information transfer	• Understand current system and its effectiveness by process mapping • Use SBAR (Situation, Background, Assessment, Recommendation) as tool for verbal and written communications • Use standardised requesting and reporting templates where relevant • Develop documentation to facilitate transfer of accurate information • Consider technological solutions to transfer of information • Consider use of checklists – particularly in Interventional radiology services • Consider needs of staff unfamiliar with the environment • Institute safety briefings to communicate key issues relevant to clinical area • Monitor compliance with agreed timescales aiming for 95% reliability • Apply principles of result based management in any of the above
• Utilise feedback from people and their carers/family	• 'Live the journey' of a person using your service, and their carer/family • Have a policy of transparency and apologise when things go wrong • Use stories from people and their carers/family for learning and to motivate and inspire staff • Use formal and informal learning opportunities to educate staff in person and family centred care • Use formal and informal learning opportunities to educate staff on carers rights to involvement in assessment, care planning and discharge • Feedback compliments to multidisciplinary teams • Introduce a simple questionnaire for people, carers/family asking what could be improved • Utilise feedback from patients advice and liaison service, complaints, incidents, findings from root cause analysis and post-incident reviews
• Utilise feedback from staff about how to make care safer for people and carers/family	• Ensure there are both formal and informal systems in place for timely feed-back from staff including incident reporting systems • Ensure proper dissemination of the feedback received from staff to the people and carers/family